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The Effectiveness of the Health Instructional Program in the Secondary Class B Schools in the State of Washington

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THE EFFECTIVENESS OF THE HEALTH INSTRUCTIONAL
PROGRAM IN THE SECONDARY CLASS B SCHOOLS IN
THE STATE OF WASHINGTON

A Thesis

Presented to

the Faculty of the Graduate School
Central Washington College of Education

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by

Phyllis Jean Newton

August 1958

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APPROVED FOR THE GRADUATE FACULTY

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ACKNOWLEDGEMENT

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CHAPTER I

INTRODUCTION

In recent years educators have become more and more aware of the need to understand and provide for the health of students on the secondary school level. Although many commissions and committees have emphasized health as a primary objective of modern education and as the first of seven cardinal objectives of education, the health education class in the high school lacks academic respectability, thus losing its prestige as an essential subject. Part of this lack is due to its organization and to its instruction.¹

The organization of health in secondary schools has long been a problem. While recognizing the need for such instruction for adolescents, administrators have been hesitant to organize their curriculums and schedules in order to provide it. Consequently health teaching has become the responsibility of first one department and then another until in many schools it has little or no status.

.....

The most important single factor in organizing for health instruction in the secondary school is the employment of a teacher trained in the health sciences and in health education to direct the program. Good teaching in this area is made prominent by its scarcity, and on good teaching the success of the program depends, no matter what type of organization is used.²

¹Oliver E. Byrd, School Health Sourcebook (Stanford: Stanford University Press, 1955), p. 1.

²Commission on Health in Schools, Health in Schools Twentieth Yearbook of American Association of School Administrators (Washington D.C., 1942), p. 73.

I. THE PROBLEM

Statement of the problem. The purpose of this study, broadly stated, was to determine the effectiveness of the health instructional program in the secondary class B schools in the State of Washington. More narrowly, the objective of the investigation was to determine: (1) the various methods of organizing the health class within a crowded curriculum; (2) attitudes of the instructor toward teaching health; and (3) the college preparation of health instructors.

Three preliminary problems which were basic to the major purpose of the study may be stated as follows:

- A. The scheduling of the health class is a problem which confronts high schools of small enrollment. Therefore it was necessary to discover how the scheduling was being accomplished.
 1. Was it scheduled in combination with other subjects such as science, physical education or home economics?
 2. Was it scheduled as a separate subject?
- B. The attitudes of the health teacher toward the subject definitely influences the quality of the health course.
 1. Do health teachers enjoy teaching health?
 2. Are health teachers adequately trained to teach health?
- C. The college preparation of the health teacher is vital in order for him to plan and organize health materials and to disseminate health knowledge.
 1. What college courses had the teachers taken in preparation for health teaching?
 2. How recently had the instructors received credit for these courses?
 3. What was the instructors major in college and does this correlate with what the instructor is currently teaching?

In connection with the over-all purpose of the study a number of pertinent questions arose. Such questions, which may be regarded as sub-problems, include the following.

1. What is the length of the health course in terms of the number of hours per week and number of quarters or semesters it was offered?
2. What courses other than health do the instructors teach?
3. Do instructors use textbooks and do they feel they are adequate?

Procedure used in the study. The survey technique served as the means of compiling the data. A questionnaire (see Appendix) was sent to 119 secondary class B schools (200 enrollment or less) in the State of Washington. In order to assure an adequate return a follow-up procedure was used. This was done by means of an interview. There was a 52 per cent return.

Limitations of the study. Originally the study had been planned for the class A schools, however, it was discovered that a similar study was being conducted by C.A. Mills, a doctoral candidate from the University of Washington, Department of Public Health and Preventive Medicine. The results of the study have not as yet been published.

The specific units of subject matter, the school health services and the healthful school environment were omitted from the study for the reason that the organization of health classes, the attitudes of teachers, and the college preparation of teachers were considered of prime importance in this study.

II. DEFINITIONS OF TERMS USED

Health. The World Health Organization defines health: "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."³ The Committee on Health Problems in Education states: "Health in the human organism is that condition which permits optimal functioning of the individual enabling him to serve best in personal and social relationships."⁴

Health education. Health education is the translation of what is known about health into desirable individual and community behavior patterns by means of the educational process.⁵

The health instructor. The health teacher in this case is the person teaching health classes. He teaches direct health facts and assists students in recognizing that these facts are implements to be used in their daily living.

Direct health instruction. Health education taught as a specific subject in a regularly scheduled class period.

³Constitution of the World Health Organization, Chronicle of the World Health Organization (Palais des Nations, Geneva, Vol. 1, No. 1-2, 1947), p. 29

⁴Committee on Health Problems in Education, Health Education (Washington D.C., National Education Association, 1941), p. 16.

⁵Ruth E. Grout, Health Teaching in Schools (Philadelphia, W.B. Saunders Company, 1958), p. 16.

CHAPTER II

REVIEW OF THE LITERATURE

Numerous books and periodicals have been written on the subject of school health education in general. Many of the authors are medical doctors as well as prominent figures in the school health program. The inclusion of both elementary and secondary health education seemed evident in most of the books. Information obtained from periodicals was confined specifically to health education in the high school.

I. THE ORGANIZATION OF HEALTH CLASSES

As has already been stated in the previous chapter, the organization of health education classes in the high school is a problem concerning both the health educator and the administrator. Three schools of thought appear as to the place of health education in the high school curriculum.

The first school of thought is the concept that health education should be coordinated interdepartmentally. According to Hussy arguments reveal that the teacher who is teaching health education as a separate class and who is not guiding the student in any other phase of the curriculum, creates in the student the idea that health is a "special subject." Health as it is should not be isolated, because it is bound up with all school life and all school activities. For the student such isolation tends to place interest on health as an

end in itself.¹ Bourne points out that because health crosses all departmental lines it does not fit easily into the secondary school. The health program is too often centered around the health and/or physical education department. "Happily, this conception is being replaced by the realization that health is no respecter of departmental limitations. Every department, then, is a part of the school health program. Some, by virtue of their subject matter and methods, have a more direct bearing upon the program than others."²

The second school of thought is that health should be taught as a definite subject, but that it should be combined with another related subject. The Commission on Health in Schools comments that health education may be combined with physical education on an alternate day basis. The advantages are listed: (1) health classes would be easier for administrators to schedule because of the two or three day arrangement of physical education classes; (2) physical educators seem to be in a better position to observe health needs of students; and (3) the physical education class could act in various ways as a laboratory for health classes, thus providing practical experience; and (4) in certain aspects of health education it is wiser to segregate the sexes. Disadvantages also seem prevalent with this type of organization: (1) health classes are disliked by the students because physical education is predominantly activity, therefore considered by students as more desirable. Students

¹Marguerite Hussy, Teaching for Health (New York: Prentice-Hall Inc., 1939), p. 213.

²Margaret Bourne, "Health is Secondary," Journal for Health, Physical Education and Recreation, XXV (May, 1953), p. 10.

feel that in some ways they are being deprived of their physical education period, (2) for the same reason teachers of physical education often consider health education classes a burden, (3) in many instances too large a class is scheduled and little is gained, (4) lack of facilities and teaching aids hamper the health and physical education teacher. In order to teach health effectively a regular academic classroom is necessary.³

Irwin states to the contrary that health education should be apart completely as far as teaching is concerned because very often physical education teachers are not trained or qualified to teach the subject. Moreover, health should be considered an academic subject and it should be treated that way.

Some health courses have been taught in areas such as social studies, general science, home economics, biology and other related subjects. Health units taught in related subjects can be successful. There, the problem arises when the time element prevents either subject to be covered thoroughly. Those who have experienced this type of plan throughout the country have shown that the inclusion of sufficient health materials in science instruction or other related courses is practically impossible.⁴

The third school of thought is that health should be scheduled and taught as a completely separate subject, set apart from any other

³Commission on Health in Schools, op. cit., pp. 73-74.

⁴Leslie Irwin, James Humphrey, and Warren Johnson, Methods and Materials in School Health Education (St. Louis: C.V. Mosby Company, 1956), p. 103.

related or unrelated course. According to Grout, a concentrated program of health instruction at least twice in the course of the high school years provides a more sustaining interest. Then, too, students have more respect for health instruction classes providing they are recognized as being on the same academic plane with their other subjects. Such an organization would allow health classes to have continuity, thus the sustaining interest which is necessary in extended projects would not be as difficult to secure. One possible problem confronting administrators would be the difficulty of arranging consecutive time schedules. Those who place higher value on health education however, somehow succeed in overcoming difficulties such as this.⁵

There are a number of ways in which health classes may be scheduled. Some plans have already been mentioned. Schedules for health instruction in actual practice as shown by the Office of Education are as follows:

Daily class periods in health education:

- For one semester
- For two semesters in different years..usually one each junior and senior high school
- For one entire year

Two or three class periods per week (alternating with physical education classes):

- For one semester
- For two semesters (equivalent in time and credit to a full semester)
- For four semesters (equivalent in time and credit to a full year)
- For each semester up to five years

⁵Grout, op. cit., pp. 189.

One class period per week (usually as a regularly scheduled part of a combined course in health and physical education)

For one year

For several years

For each year on the junior and senior high school levels.

Integration of health education with other subjects

With physical education..combined grades and credit

With other subjects, such as biology and general science..combined grades and credit

The most frequent recommendations of state departments of education are in favor of daily class periods for one or two semesters. The most common practice, however, is the scheduling of two or three class periods a week alternated with physical education.⁶ One last word of caution is given by Irwin concerning the minimum amount of time allotted to health instruction courses. In the past, a rather common practice has been to devote one class period weekly to health instruction. "Experience with this over a period of many years has shown that it is not successful in a large majority of schools where it has been tried."⁷ Similar to the reasons for the lack of success of the two-days-a-week health class, the one-day-a-week basis fails because the periods are so far apart that all continuity of instruction is likely to be lost from one class period to another. "So, very often the one-period-a-week health course turns out to be a period in which it is necessary for teachers to try to do something to entertain the students in one way or another because it is practically impossible to do the proper kind of teaching."⁸

⁶Grout, Ibid., pp. 188-189.

⁷Irwin, op. cit., p. 103.

⁸Ibid., p. 103.

II. THE SELECTION OF TEXTBOOKS

In 1953 the Committee on Health Content of Textbooks reported on reviews of fifty-two books in health, general science and biology in respect to the number of errors contained in the textbooks.

It was found that high school textbooks in the field of health averaged forty-three errors per book with a range from twenty-one to 126 errors. Elementary school textbooks averaged eight errors per book.

In terms of errors per 100 pages the health books averaged thirteen mistakes and the general science textbooks averaged twenty errors per book.

Nutrition, first aid, and communicable diseases were the major areas in which incorrect statements were made in the various textbooks.

The committee concluded that due to the scientific advances and changes in the field of health a large number of textbooks tend to become outmoded, inaccurate, and obsolete within a relatively short period of time.

In making the study of errors regarding health matters contained in health, general science, and biology textbooks, the committee used the services of 146 different individuals who made 217 reviews of the fifty-two books involved.⁹

Chenoweth and Selkirk relate that it is important for health instructors and administrators to examine the facts now taught in order to see what is omitted that should be taught, to eliminate the material of minor or no importance, and to extricate facts that are not true. Textbooks should be evaluated by experts before they are adopted. "One is inclined to suspect that some things are stressed because of the ease of teaching them and the difficulty of teaching other facts of greater importance."¹⁰

⁹Ruth E. Grout, Health Teaching in Schools (third edition: Philadelphia: W.B. Saunders Company, 1958), p. 197.

¹⁰Laurance Chenoweth and Theodore Selkirk, School Health Problems (second edition: New York: Appleton-Century-Crofts Inc., 1947), p. 369.

An important point for health educators to consider in selecting textbooks is their readability as they concern the secondary school student. Hoyman puts out some thoughts of interest on this matter. In the past fifty years there has been considerable improvement in the high school health texts, however, some students still find themselves "like Brer Fox and Brer Rabbit in the Uncle Remus story, 'Doctor Rabbit Cures the King!

"...Brer Rabbit feel round in his pocket an pull out a little piece of old newspaper,"

Brer Fox look at it kinder sideways, "Is der any writin' on it? If der is 'taint goin' ter do me no good to look is it. I can read readin'; but I can't read writin'."

"Dat de way wid me too," say Brer Rabbit, "exceptin' dat I can read writin', but I can't read readin'." Den he kinder wrinkle up his forehead and look down at de paper like it say somethin..."

"One can talk about philosophy with a hitching post, but it gets a little one-sided after awhile. Likewise, it is too one-sided.. for the right kind of health learning to occur..when the health text is duller or smarter than the student."¹¹

The value of the textbook as a resource is discussed by Turner:

The basic textbook in health occupies a strategic position in class instruction. It is used by the teacher as a reference book, and is supplemented with various source materials. Information that is necessary and valuable for an intelligent comprehension of the health problems generally found at different grade levels is concisely and accurately summarized in the modern textbook...

"The suggestion that the health textbook may be discarded without

¹¹H.S. Hoyman, "Brer Rabbit and Our High School Health Texts," Journal of School Health, XXIV, (December, 1954), p. 286

loss is rarely heard today."¹²

III. ATTITUDES OF HIGH SCHOOL HEALTH TEACHERS

It was discovered that little has been written in regard to the attitude of the health teacher concerning his subject. However numerous educational psychology books point to the importance of a proper attitude. The Joint Committee on Health Problems in Education state that, "No school health influence is likely to be stronger than that of the teacher."¹³ The committee goes on to say that the influence of a teacher affects mental and emotional health and that a teachers radiance or dullness, his positive or neutral attitudes and characteristics may be revealed by reactions of students.

IV. HEALTH INTERESTS OF HIGH SCHOOL STUDENTS

A report on health interests of 10,000 secondary school students, in a study made in 1952 by Joseph Lantagne of the University of California at Santa Barbara, shows that of 5,215 high school boys the top ten interests were:¹⁴

¹²C.E. Turner, School Health and Health Education (St. Louis: C.V. Mosby Company, 1952), p. 373.

¹³Joint Committee on Health Problems in Education of the National Education Association and The American Medical Association with the cooperation of contributors and consultants, Health Education (National Education Association, Washington 6, D.C., 1948), p. 116.

¹⁴Byrd, op. cit., pp. 32-33.

ORDER	PERCENT INTERESTED
1. Sex instruction	65
2. Safety in water	65
3. Tobacco and human health	61
4. How to use a gun properly	60
5. Sports vs apparatus activity	58
6. Atomic warfare	58
7. Juvenile delinquency	58
8. Speed and accidents	56
9. Cancer	56
10. Causes of suicide	55

The ten leading health interests of 4,785 high school girls revealed:

ORDER	PERCENT INTERESTED
1. Sex instruction	70
2. Juvenile delinquency	67
3. Cancer	64
4. Causes of suicide	64
5. Preparation for marriage	64
6. Safest age to have a baby	64
7. Causes of mental illness	64
8. Jealousy	60
9. Sunburn	58
10. Pregnancy and health	57

V. THE COLLEGE PREPARATION OF HEALTH INSTRUCTORS

The health instructor should have in his background of knowledge, the subject matter necessary to promote the physical, social and cultural maturation of the student. The Joint Committee Report on Health Education suggests the breadth of scope of health instruction in their recommendation of the following twelve major areas:¹⁵

¹⁵C.E. Turner, op. cit. p. 394.

- | | |
|--|-------------------|
| 1. The human body | 7. Mental health |
| 2. Health maintenance
and improvement | 8. Family life |
| 3. Food | 9. Alcohol |
| 4. Rest and exercise | 10. Disease |
| 5. Personality | 11. Accidents |
| 6. Personal appearance | 12. Public health |

Resourcefulness as well as a broad scientific knowledge is also required if the teacher is to instruct successfully. He should have a thorough background in personal hygiene, school hygiene, communicable disease, first aid, modern teaching techniques, student counseling and health services.

New York State set up requirements for health teachers in the secondary schools and issued certificates to those teachers fulfilling the requirements. The professional training specified by New York State, including prerequisites is as follows:¹⁶

SUBJECT	SEMESTER HOURS
Anatomy and Physiology	6 to 8
Personal Hygiene	3 to 6
Nutrition	4 to 6
History or Principles	3 to 6
Problems in Education	3 to 6
General Chemistry	4
Bacteriology	2
Community Hygiene	3 to 6
Educational Psychology	2 to 4
Food Preparation ,	2 to 4
Child Development	6 to 8

¹⁶University of the State of New York, Certification for Teaching Service, (Certification Bulletin No. 2, March 2, 1936).

SUBJECT	SEMESTER HOURS
Family Life	4 to 6
Mental Hygiene	3 to 6
Health Education	3 to 9
Practice Teaching	4 to 8

The above list is currently being used as a basis for hiring teachers.

The Joint Committee on Health Problems in Education states that "the school which employs the teacher has the right to expect that she will be able to give full time, efficient service..." Further, "the teachers college has a responsibility to respect these rights..."¹⁷ Oberteuffer relates that colleges and universities have made no effort to provide curriculums for the health educator until recently. "For years the personnel have come from other fields, principally physical education, nursing, home economics, and the biological sciences."¹⁸ There has been a misunderstanding as to the qualifications of physical education teachers to teach health education. According to Irwin:

It should be kept in mind that of the more than 500 schools in the United States educating and preparing physical education teachers, perhaps not more than seventy-five percent of these schools properly prepare teachers to teach both physical education and health education. It is estimated that approximately seventy-five percent of the physical education teachers in the United States have neither the background of training nor the experience to teach health education courses successfully... However, because in a large majority of the schools throughout the United States the physical education teacher must teach the health courses if they are taught at all, teacher-education institutions for many years to come should try to properly

¹⁷Commission on Health in Schools, op. cit., p. 343.

¹⁸Delbert Oberteuffer, School Health Education (New York: Harper and Brothers, 1949), p. 163.

prepare physical education teachers to teach health courses.¹⁹

Hill refers to a study conducted cooperatively by the American School Health Association and the United States Office of Education.

...each state department of education was asked, "Are teachers of health education required to have special preparation?" Twenty-nine states replied "yes" and eighteen "no." Twelve of the twenty-nine giving a "yes" reply indicated that the special preparation required was a combination health and physical education major. . .Apparently, there is a need for better interpretation to administrators of the preparation needed by those assigned to teach health.²⁰

School Health Policies suggest that because the teacher has an important responsibility to the school health program, institutions preparing teachers should provide opportunities for pre-service training designed to meet these responsibilities. An extensive program in health education equal to meeting the need of the three basic areas of school responsibilities, namely, healthful school living, school health services and health education should be available to all prospective teachers.²¹

Young reports that forty colleges accredited by the American Association of Colleges for Teacher Education were included in a study

¹⁹Irwin, op. cit., p. 102.

²⁰Patricia J. Hill, "Unmet Needs in Teacher Education for Health," Journal for Health, Physical Education and Recreation, XXV (January, 1954,) p. 21.

²¹National Committee on School Health Policies, School Health Policies (Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, 1956), p. 35.

of health requirements. The study applied to 50,000 full time students majoring in education, during the years, 1949 to 1951. Half of the colleges had a required basic personal health course and sixteen of the forty teacher's colleges had required teacher health courses. The content of the courses included personal health, school health and health education. It was noted that these courses were exceedingly variable and were based mainly upon the background of those teaching the course. Those teachers majoring in elementary education had more and better curricular and practice teaching in health than did the secondary education majors.²²

M.A.C. Young, "Study of College Health Programs for Prospective Teachers," American Journal of Public Health, (February, 1954), pp. 211-215.

CHAPTER III

THE RESULTS OF THE SURVEY

Questionnaires were sent to the class B secondary schools in twenty-nine counties of the State of Washington. Schools in twenty-five of the counties participated in the study. The distribution of counties from which schools participated is indicated in Figure 1, page 19. The enrollment of the high schools ranged from 23 students to 230 students. The average enrollment was 98.7 students. All of the schools were four year high schools consisting of grades nine through twelve.

I. ORGANIZATION OF HEALTH CLASSES

It was found that of the sixty-two schools replying, fifty-one schools offered health education as a part of the curriculum. Eleven high schools did not teach health as a direct subject. Of the fifty-one schools teaching health, fourteen taught it as a separate subject. Those schools combining health education with another subject numbered thirty-seven. Courses combined with health education are presented in Figure 2, page 20.

The average length of time devoted to teaching health combined with another subject was 14.7 weeks per year. The range was from two weeks to thirty-six weeks. Health education offered as a separate course ran an average of 2.7 days per week; a range of from one to five days a week. The average length of the course in terms of a four year program was 2.14 semesters, ranging from one half to four semesters. The

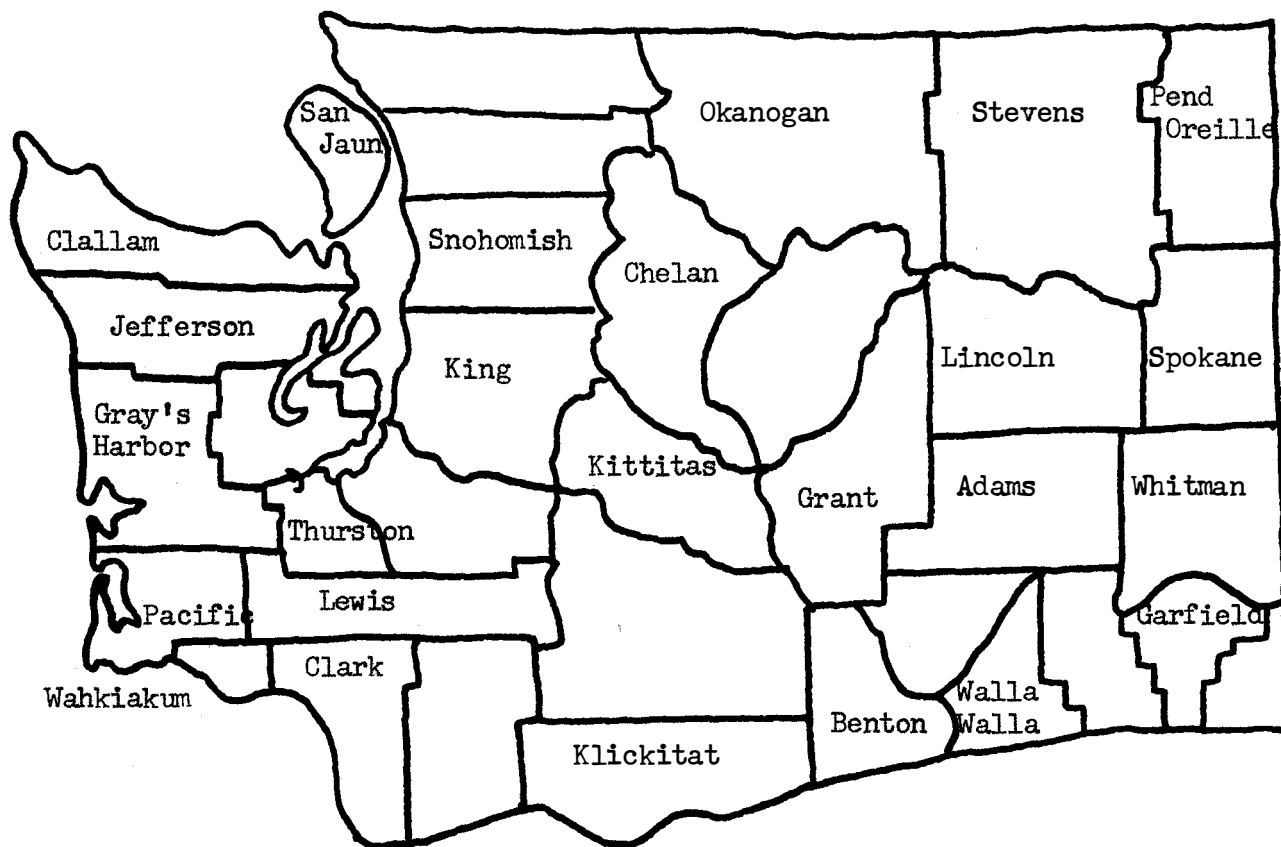


FIGURE I

COUNTIES IN THE STATE OF WASHINGTON
PARTICIPATING IN THE STUDY

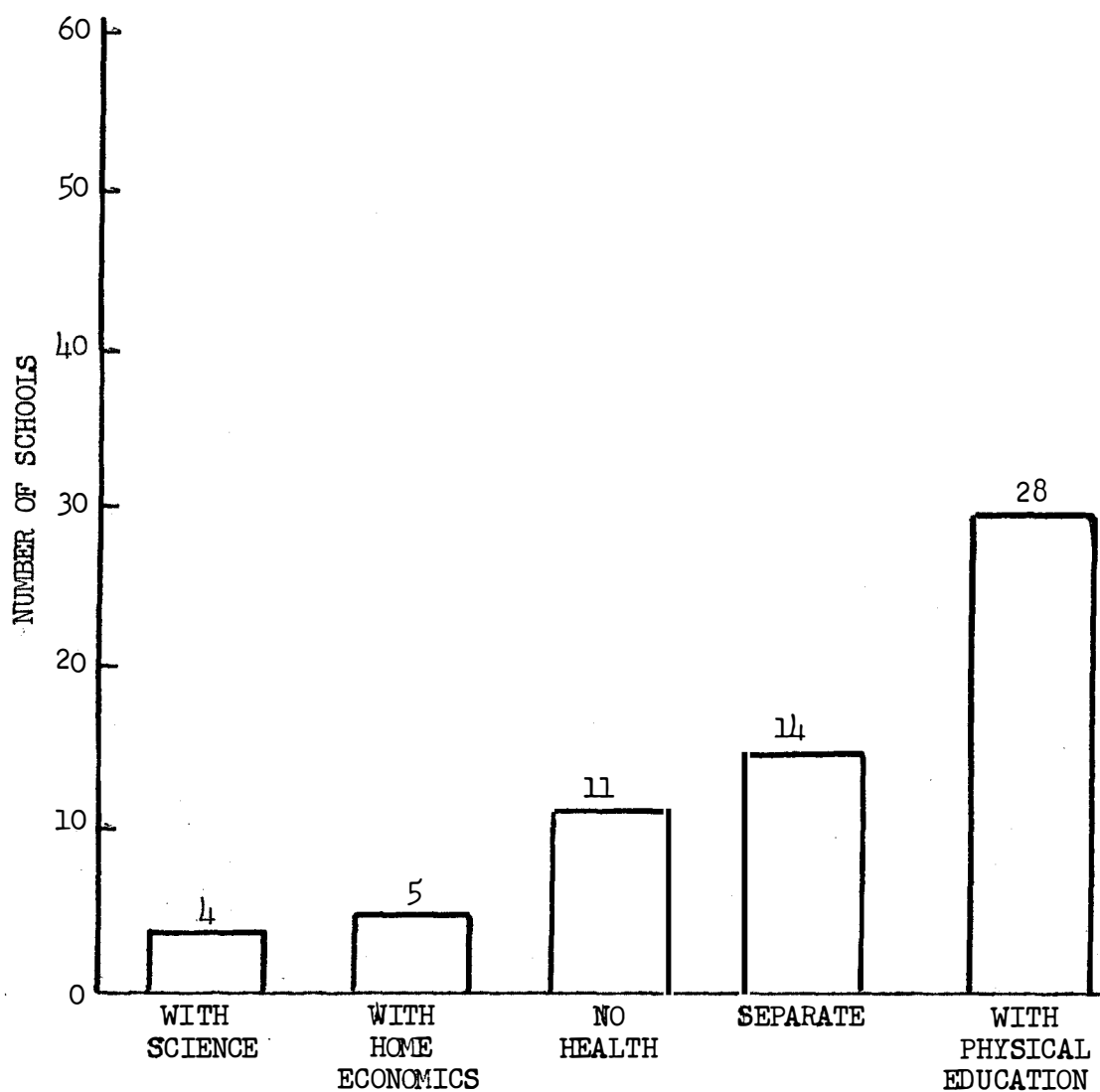


FIGURE 2

DISTRIBUTION OF HEALTH CLASSES TAUGHT AS SEPARATE COURSES
AND COMBINED WITH OTHER SUBJECTS IN SIXTY-TWO
SECONDARY CLASS B SCHOOLS OF THE
STATE OF WASHINGTON

average length of a class period was fifty-two minutes, with a range of from twenty minutes to seventy minutes. The number of health classes taught during the semester averaged 1.45, which was a range of from one to three classes. The enrollment per class ranged from fifty-four to seven; the average being 26.4.

In answer to the question pertaining to the need for better administration, twenty-two teachers replied negatively. There were, however, eighteen teachers who felt there was a need for better administration. Some of the reasons they offered were:

1. "A need for better coordination of health throughout the system."
2. "Too much repetition."
3. "It does not fit individual needs."
4. "The need of adequate textbooks and teaching materials."
5. "More time should be devoted to the teaching of health."
6. "Teachers should be more adequately trained."
7. "Facilities are limited."

When asked, "Is there a need for more direct health instruction?", seventeen teachers checked no. Nineteen teachers commented that there was a need. Their reasons were:

1. "It is treated rather haphazardly by students and teachers alike as long as the evaluation is combined with the physical education grade."
2. "More use should be made of resource people such as nurses, doctors and dentists."
3. "Physical education has been over-emphasized to the exclusion of health education."
4. "There is a need for greater emphasis on mental health, attitudes and personal problems."

Two schools felt that they were offering more than enough health education.

II. HEALTH INTERESTS OF STUDENTS

There were twenty-three teachers reporting that students were interested in health classes. Nineteen teachers stated that the students were not interested in the health education courses being taught. They gave the following reasons:

1. "Students feel that they are being robbed of their physical education classes in order to take health instruction."
2. "They have heard it all through the grades and they feel there is too much repetition throughout the years."
3. "The students feel that they deserve five days of physical education."
4. "Some of the students are interested in health while others can't stand it."
5. "The word health means boredom for them and the subject matter is often repeated in other classes."

Health teachers indicated the phases of health education that the students preferred. These are listed below in order of frequency:

Grooming
Personality study
Body development
First aid
Alcohol and narcotics
Sex education
Mental health
Diseases of mankind
Marriage
Nutrition

III. THE ATTITUDE OF THE TEACHER

In answer to the question, "Do you enjoy teaching health education?", twenty-eight teachers replied yes, and twelve said no. Those teachers who answered yes, when asked to explain their answers, made the following comments:

1. "As I learn the subject more thoroughly I find that I enjoy teaching it."
2. "I feel that health is necessary and vital for every boy and girl."
3. "It has a direct relationship to physical education and athletics."
4. "The students are interested and willing to work."
5. "It gives the freshmen an opportunity to have some guidance."
6. "I am responsible for improving the physical, mental and emotional health of our students."
7. "I feel everyone should take an interest in themselves."
8. "I would like it better if it were taught two weeks at a time and physical education two weeks at a time."

Those teachers who answered negatively made the following statements:

1. "Lack of student interest."
2. "It is so difficult to motivate students."
3. "The students don't feel the challenge. It has been a snap course. I don't feel the challenge either when the grade is lost with the physical education grade."
4. "Nuts!"
5. "The text is poor and the class is too large. The students know that it is only a requirement and the school gives that impression. "
6. "I am overloaded with other classes so time to prepare an interesting course is prohibitive."

7. "I do not have enough background in health education."
8. "The classes are too large."
9. "Freshmen and sophomores are in one class for two years. The teacher is not adequately prepared in the health area."
10. "Health is a necessary evil to the students mostly because they are so hard to motivate."

It is interesting to note that of the twenty-eight teachers who stated that they enjoyed teaching health, twenty-six had majored or minored in subjects related to health. Seven of the twelve teachers who did not enjoy teaching health majored or minored in fields unrelated to health education.

IV. CO-EDUCATIONAL CLASSES

It was found that eight schools had co-educational health classes. Separate health classes were prevalent in thirty-three schools and four schools had part of the health course as a co-educational arrangement. It was desired to know what subjects were covered in the co-educational classes or partially co-educational classes.

Teachers reported the following units in such classes:

Gynecology	Social Life
Psychology	Dance
Personality	Posture
Grooming	Disease
First Aid	Mental Health

V. TEXTBOOKS

Health education textbooks were required in thirty-two high

schools. There were eleven schools who did not require a health text. In answer to the question concerning the adequacy of the textbook, twenty-four schools reported that the books they used were adequate; teachers from six schools believed their books inadequate; and two schools made no comment. Table I listing textbooks may be found on page 26.

VI. TEACHER LOAD AND COLLEGE PREPARATION

The last part of the questionnaire was devoted to the teaching load of the instructor and the college preparation of the instructor. It should be noted that in schools of small enrollment, more class preparations are expected of the teacher. Instructors in this study reported that they were teaching thirty different subjects in various fields, not counting health education. Teachers averaged three separate class preparations, ranging from one to six classes. Table II on page 27 shows the number of subjects taught other than health by the health education teacher. It is of interest to note that twenty-six health teachers were also teaching other courses which may be considered related health subjects. The following chart indicates the related health subject and the number of instructors who are teaching that subject in addition to health teaching:

SUBJECT	NUMBER OF TEACHERS
Physical Education	25
Biology	4
Home Economics	5
General Science	7

TABLE I
TEXTBOOKS USED BY SCHOOLS

Name and Author	Number of Schools Using	Adequate	Inadequate	No Comment
<u>Modern Health</u> , Otto	6	5	1	
<u>Good Health for Better Living</u>	1	1		
<u>Teen-Agers</u> , Jenkins	3	2	1	
<u>Health in Your Daily Living</u> , Rathbone	1	1		
<u>Health for You</u> , Crisp	2	1		1
<u>Your Health and Safety</u> , Laport	3	2	1	
<u>Foundations of Health</u> , Rathbone	1		1	
<u>Today's Health</u>	2	1		1
<u>Health and Fitness</u> , Meredith	3	3		
<u>Understanding Health</u> , Goldberger	4	4		
<u>First-Aid Handbook</u> , American Red Cross	1	1		
<u>Your Health Today and Tomorrow</u> , Bolton	1	1		
<u>Healthful Living</u> , Williams	1	1		
<u>Enjoying Health</u> , Jones	1		1	
No Book Title	2	1	1	
Number of Schools Using No Books	11			

TABLE II

SUBJECTS TAUGHT OTHER THAN HEALTH BY THE HEALTH EDUCATOR

Subjects	Teachers																																									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	
Physical Education	X	X		X	X	X	X	X					X								X		X					X				X	X	X	X							
Biology																X			X									X				X		X	X	X						
Home Economics			X											X	X					X				X																		
General Science	X								X			X				X		X														X								X	X	
Social Studies								X		X											X									X							X					
Geography		X							X																																	
Art	X																						X																			
Washington History	X				X	X												X				X										X										
U.S. History					X	X					X											X			X	X		X						X								
American History	X																																									
World History					X													X														X										
Civics						X																X			X		X						X	X								
Mathematics												X										X				X	X		X	X	X		X									
Algebra									X							X																										
Geometry								X																																		
Physics								X								X					X																					
Chemistry																																									X	X
Mechanical Drawing				X									X																												X	X
Shop			X										X																													
Journalism																						X																				
English	X							X			X										X		X													X		X				
French																															X								X			
Spanish																																							X			

TABLE II (continued)

Subjects	Teachers																																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41		
Commercial														X																						X		X					
Music																							X								X				X								
Contemporary Problems 7th and 8th Grades																						X																					
Principal		X																		X								X															
Driver Training													X							X																							X
Coaching		X																			X					X	X																

It should be noted in the above chart that five of the teachers were teaching in more than one of the subjects.

In the section of the questionnaire pertaining to the college preparation of health instructors, the teachers were asked to indicate their major and minor fields of study. The following chart indicates the number of teachers who either majored or minored in what can be considered a related health subject:

MAJOR OR MINOR	NUMBER OF TEACHERS
Health and Physical Education	4
Physical Education	19
Biology	1
Home Economics	6
Science	5

The remaining instructors majored or minored in fields which are unrelated to health education. It may be a point of interest to the reader to refer to Table III on page 30 and compare it with Table II on page 27 to discover whether or not the majors and minors of the instructors compare with the subjects they are currently teaching in the secondary school. It will be found by this comparison that nine health teachers majored or minored in fields which are considered unrelated to health.

The participants in the study were asked to indicate the number of college quarter or semester hours they had accumulated in health subjects. Table IV on page 32 shows the college courses necessary to the training of health education teachers and also the number of teachers taking the courses in both quarter and semester hours.

TABLE III

COLLEGE MAJORS AND MINORS OF HEALTH EDUCATION INSTRUCTORS

Major or Minor	Teachers																																										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41		
Health and P.E.											X							X																X									
Physical Education		X		X	X	X	X	X				X	X							X	X	X	X	X	X			X		X	X					X	X						
Biology																																											
Home Economics			X										X	X												X			X											X			
Science			X											X	X		X									X																	
Chemistry																													X					X		X						X	
Physics																																										X	
Bacteriology																																		X									
Mathematics									X							X								X		X							X		X							X	
History				X	X														X		X																						
Political Science																																											
Geography																			X																								
Social Studies	X	X				X		X				X							X		X		X	X				X															
Economics																																											
Art	X																																										
English			X									X																															
Languages																																											
Industrial Arts				X									X																														
Business Education																																											
Sociology					X																																						
Psychology																																											
Music																																											
Education									X																																		

NOTE: Green denotes minor and black denotes major.

The chart below indicates the results of the findings:

SUBJECT	TEACHERS	TOTAL HOURS
First Aid	23	61
Anatomy	20	101
Physiology	20	138
Personal Hygiene	18	56
Kinesiology	16	60
Methods of Teaching Health	15	56
Nutrition	15	106
Community Health	13	47
Safety Education	10	52
School Health	9	49
Family Living	7	18
Communicable Disease	7	24
Mental Health	7	37
Seminars in Health	3	8
Workshops in Health	2	5
Other	4	15

Findings also showed in addition to the nine teachers who indicated they had taken no college health courses, the remaining teachers reported the number of health courses taken as follows:

TEACHERS	NUMBER OF COURSES
5	10 to 15
7	7 to 9
11	4 to 6
10	1 to 3

Further information as to percentages is shown in Table V, page 33.

TABLE IV
COLLEGE COURSES NECESSARY TO THE TRAINING OF
HEALTH EDUCATION TEACHERS AND THE NUMBER
OF TEACHERS TAKING THE COURSES IN BOTH
QUARTER AND SEMESTER HOURS

Course	Number of Teachers	Quarter Hours	Number of Teachers	Semester Hours
First Aid	11	28	12	33
Anatomy	11	58	9	43
Physiology	11	97	9	41
Personal Hygiene	9	31	9	25
Kinesiology	8	32	8	28
Methods of Teaching Health	8	35	7	21
Nutrition	10	57	6	49
Community Health	10	36	3	11
Safety Education	7	34	3	18
School Health	7	40	2	9
Family Living	4	11	3	7
Communicable Disease	3	14	4	10
Mental Health	4	25	3	12
Seminars in Health	3	8	0	0
Workshops in Health	1	2	1	3
Others	2	5	2	10

NOTE: Nine teachers recorded no courses.

TABLE V
DISTRIBUTION OF HEALTH COURSES TAKEN
BY HIGH SCHOOL HEALTH TEACHERS

Number of Courses Pertaining to Health	Number of Teachers	Percent
10 to 15	5	12
7 to 9	7	17
4 to 6	11	26
1 to 3	10	24
0	9	21

CHAPTER IV

SUMMARY AND CONCLUSIONS

The purpose of this study has been to determine the effectiveness of the health instructional program in the secondary class B schools in the State of Washington. Through the survey technique, 119 schools were contacted and questioned in relation to: (1) the various methods of organizing health classes; (2) attitudes of the instructor toward teaching health; and (3) the college preparation of health instructors.

I. SUMMARY

Problem of scheduling health classes. The scheduling of health classes is a problem which confronts many high schools of small enrollment. The ever-increasing expansion of curriculums together with a growing population has placed serious problems for consideration in the administration of health classes.

It was found that of the sixty-two schools responding to the questionnaire, fifty-one were including direct health instruction in the program. In some cases health was taught as a completely separate course; however well over half of the schools combined health with other subjects and more specifically with physical education. Under this arrangement students alternate health with physical education.

According to Grout and others, the most frequent recommendation by state departments of education is that health should be taught as a

daily class for one or two semesters. However the most common practice is the scheduling of two or three periods of health per week alternating with physical education.¹

The results of this study have shown that better than one-sixth of the schools are omitting health entirely from the curriculum, whereas other schools are combining health with various subject-matter areas.

Attitudes of teachers. The Joint Committee on Health Problems point out the importance of having a positive attitude toward teaching. Attitude in general toward teaching or toward teaching a particular subject is influenced by the desire to teach and interest in the subject matter. "Every pupil has a right to have, as his counselor and instructor, a cheerful, well-integrated and well-informed teacher... The school which employs the teacher has a right to expect that he will be able to give full-time, efficient service."² A teacher is incapable of giving full, efficient service if he dislikes the subject he is teaching. Twelve teachers in this study stated that they did not enjoy teaching health. An interest in a particular subject can be related to professional background and preparation. The study showed a definite correlation between attitude of the teacher and college preparation.

College preparation of health teachers. The Joint Committee on Health Problems has repeatedly stressed the importance of a thorough

¹Grout, loc. cit.

²Joint Committee on Health Problems in Education, loc. cit.

and broad background of scientific knowledge if the teacher is to instruct successfully. A few state departments have followed the pattern of New York State in setting up specific requirements for health teachers and issuing certificates only when the requirements were fulfilled. More often, however, as stated by Oberteuffer, colleges and universities have made no effort until recently to provide curriculums for the health educator. Oberteuffer goes on to state that the personnel to teach health have come from other fields such as biological science, physical education, home economics and nursing.³

In this study it has been shown that in the schools where health was being included in the curriculum, it was in the majority of cases being taught by the physical education personnel. Irwin states that, "It is estimated that approximately 75 per cent of the physical education teachers in the United States have neither the background of training nor the experience to teach health education courses successfully."⁴ While no teacher in this study had majored specifically in health, four had majored or minored in health and physical education, a common combined major in many colleges and universities. Twelve other health teachers had majored or minored in various health related fields. Others had majored or minored in completely unrelated health fields.

Teacher-load. Another problem which faces many teachers and administrators in small high schools is the one of teacher load. Class assignments are sometimes given to teachers who are inadequately

³Oberteuffer, loc. cit.

⁴Irwin, loc. cit.

prepared to teach the subject.

Health instructors in this study reported that they were teaching thirty different subjects in various fields, not counting health. The average number of different class preparations was three.

Textbooks. An interesting fact has been brought out in the study regarding textbooks. Learned authors in the field stress the value of a textbook as a guide for successful health teaching. The study shows, however that approximately one-third of the schools either used no textbook or found the textbook they were using to be inadequate.

II. CONCLUSIONS

From facts gathered in the related literature and from the results of the survey certain conclusions as to the need for better health instruction may be drawn.

1. There is a need for a more uniform, direct health instructional program.
2. There is a need for a more positive attitude toward teaching health on the part of those teaching.
3. There is a correlation between the teacher's attitude and his college preparation for health instruction.
4. There is a need for the use of textbooks in health classes.
5. There is a need for more specific college preparation of health instructors.

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BIBLIOGRAPHY

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APPENDIX

APPENDIX A

LETTER ACCOMPANYING QUESTIONNAIRE

Dear Health Educator:

As partial fulfillment of the requirement for a Master of Education Degree, I am making a study of the effectiveness of health teaching in the secondary schools and the college preparation of those teaching high school health classes.

You are invited to participate in the study if you teach health. By that is meant that you teach courses in which one or more units are devoted to the area of health education.

I shall appreciate your returning the completed questionnaire by May 29, 1958, in the stamped self-addressed envelope enclosed for your convenience.

No school will be mentioned by name in the study and all information received will be held strictly confidential.

A summary of the study will be sent to you upon your request. Your interest and assistance are sincerely appreciated.

Very truly yours,

Phyllis Newton
Physical Education Instructor
Central Valley Junior High
Opportunity, Washington

APPENDIX B

QUESTIONNAIRE FOR TEACHERS IN HEALTH EDUCATION

Section I

Health Education Program

1. Name of School _____ City _____
District _____ County _____
2. School Enrollment _____ Grade Levels _____
3. Is Health Education offered as part of the curriculum of the school?
Yes _____ No _____
4. Check one: (If you answered yes to the above question)
Health is taught as a single subject _____
Combined with another subject _____
5. If combined with another subject, what subject? _____

6. If combined with another subject, approximately how much time is devoted to health education? _____ weeks per year.
7. If health education is a separate course, how many days a week is it offered? _____ days.
8. Length of the course: _____ weeks or _____ semesters.
9. Length of time in a class period _____ minutes.
10. How many classes of health do you teach? _____ classes per semester.
11. How many students per class? _____
12. In your situation, is there a need for better health administration?
Yes _____ No _____ Explain your answer _____

13. Is there a need for more direct health instruction? Yes ☐ No ☐

Explain your answer _____

14. Are the students interested in the health course? Yes ☐ No ☐

Why? _____

15. What phases of health interest the students most? _____

16. Do you enjoy teaching health? Yes ☐ No ☐ Explain your answer.

17. Are health classes co-educational? Yes ☐ No ☐ Partly ☐

18. If part of the subject matter is taught co-educationally, what units are included? _____

19. Is a textbook required? Yes ☐ No ☐.

20. If a text is required give the author and title. _____

21. Is this text adequate for your situation? Yes ☐ No ☐ If not, why? _____

SECTION II

COLLEGE PREPARATION OF TEACHERS

1. Name _____ Sex: Male ☐ Female ☐

2. What college or university did you attend? _____

3. What degree (s) do you hold? B.A. ☐ B.S. ☐ B.E. ☐ Others ☐

4. What was your Major? _____ Minor _____

5. Courses other than health which you are teaching. _____

6. Please write in the proper column the number of quarter hours or semester hours you have had of the following at the college level.

Course	Hours	
	Quarter	Semester
Anatomy		
Physiology		
Nutrition		
First Aid		
Personal Hygiene		
School Health		
Community Health		
Family Living		
Methods of Teaching Health		
Seminars in Health		
Workshops in Health		
Kinesiology		
Communicable Diseases		
Mental Health		
Safety Education		
Others		

7. How many of the above courses have you taken within the last seven years? Courses _____ Total Hours _____
8. How long have you been teaching health education at the high school level? _____